

PAGE	1	OF	1
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Citizens for Responsible Leadership	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00561480 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y</div> </div>	

Full Name of Payee The Alexis Agency, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2014	
Mailing Address 1201 19th Place B-401		Amount 525.90	
City Vero Beach	State FL	Zip Code 32960	Transaction ID : SE.4146
Purpose of Expenditure advertising-internet	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Philip Edward Berger Jr	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: 06 State: NC
Calendar Year-To-Date Per Election for Office Sought	1577.70	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee The Alexis Agency, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2014	
Mailing Address 1201 19th Place B-401		Amount 525.90	
City Vero Beach	State FL	Zip Code 32960	Transaction ID : SE.4147 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure advertising-internet	Category/ Type	004	
Name of Federal Candidate Mark Bradley Walker	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate	District: 06 State: NC
Calendar Year-To-Date Per Election for Office Sought	2103.60		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>1051.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div>1051.80</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Heather Ford

[Electronically Filed]

Date _____

Signature